

POST INCIDENT ANALYSIS – FORM

Incident Number:	
Incident Title:	
Brigade:	FCO/Captain:
Date:	
INITIAL MOBILISATION	
Positive :	
Negative:	
Action:	
IMT & FUNCTIONS	
Positive :	
Negative:	
Action:	
STRATEGIES & TACTICS	
Positive :	
Negative:	
Action:	

SECTORISATION

Positive :

Negative:

Action:

COMMUNICATIONS

Positive :

Negative:

Action:

SUITABILITY OF EQUIPMENT

Positive :

Negative:

Action:

EVACUATIONS

Positive :

Negative:

Action:

HEALTH & SAFETY

Positive :

Negative:

Action:

TRAINING

Positive :

Negative:

Action:

MEDIA
Positive :
Negative:
Action:
SUPPORT & WELFARE
Positive :
Negative:
Action:
COMMUNITY PREPAREDNESS
Positive :
Negative:
Action:
FINAL COMMENTS